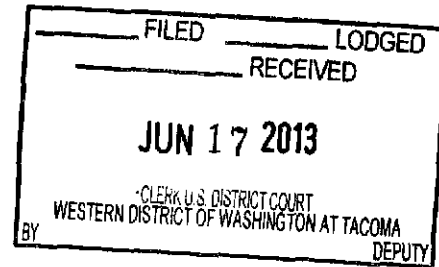


13-CV-05484-CMP



UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON

CV13 5484 BHS/JRC

MICHAEL D. SUMMERS

(Name of Plaintiff)

vs.

C13-5484 BHS/JRC
CIVIL RIGHTS COMPLAINT
BY A PRISONER UNDER 42
U.S.C. § 1983

- CLARK COUNTY JAIL
- "CON MED" MEDICAL SERVICES
- SNAKE RIVER CORRECTIONAL INSTITUTION
- OREGON STATE PENITENTIARY/D.O.C. HEALTH SERVICES

(Names of Defendant(s)) — SEE ATTACHED "III"

I. Previous Lawsuits:

A. Have you brought any other lawsuits in any federal court in the United States while a prisoner?:

☐ Yes ☒ No

B. If your answer to A is yes, how many?: _____. Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.)

1. Parties to this previous lawsuit:

Plaintiff: _____

Defendants: _____

2. Court (give name of District): _____

3. Docket Number: _____

4. Name of judge to whom case was assigned: _____

5. Disposition (For example: Was the case dismissed as frivolous or for failure to state a claim? Was it appealed? Is it still pending?):

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement: WASH. STATE PENITENTIARY / WALLA WALLA, WASH.

A. Is there a prisoner grievance procedure available at this institution? ☐ Yes ☐ No

B. Have you filed any grievances concerning the *facts* relating to this complaint?
☐ Yes ☐ No

If your answer is NO, explain why not:

C. Is the grievance process completed? ☐ Yes ☐ No

If your answer is YES, ATTACH A COPY OF THE FINAL GRIEVANCE RESOLUTION for any grievance concerning facts relating to this case.

III. Parties to this Complaint

A. Name of Plaintiff: MICHAEL D. SUMMERS Inmate No.: 829025

Address: W.S.P. 1313 N. 13TH. AVE. WALLA WALLA WASHINGTON 99362

(In Item B below, place the full name of the defendant, his/her official position, and his/her place of employment. Use item C for the names, positions and places of employment of any additional defendants. Attach additional sheets if necessary.)

B. Defendant: SEE ATTACHED "III" Official Position: _____

Place of employment: _____

C. Additional defendants SEE ATTACHED "III"

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates, places, and other persons involved. Do not give any legal arguments or cite any cases or statutes. If you allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets if necessary.)

SEE ATTACHED "IV"

V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

SEE ATTACHED "V"

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 13th day of JUNE 20 13.

Michael D. Summers
(Signature of Plaintiff)

III. PARTIES TO THIS COMPLAINT / ADDITIONAL DEFENDANTS:

PAGE 1 of 1

- CLARK COUNTY JAIL: "JACKIE BATES" / CHIEF JAIL ADMINISTRATOR
707 W. 13TH ST. "GARY E. LUCAS" / SHERIFF
P.O. Box 410
VANCOUVER, WA. 98666
- "CON MED" MEDICAL SERVICES
VANCOUVER, WA.
- DR. "BRISTOL" / SNAKE RIVER CORRECTIONAL INSTITUTION
777 STANTON BLVD.
ONTARIO, OREGON 97914
- DR. "DEGNER" / OREGON STATE PENITENTIARY
2605 STATE ST.
SALEM, OREGON 97310
- "DANA FLEENER" XRAY TECH. / OREGON STATE PENITENTIARY
2605 STATE ST.
SALEM, OREGON 97310
- "S. SHELDON" / MEDICAL DIRECTOR
DEPT. OF CORRECTIONS HEALTH SERVICES
2575 CENTER ST. N.E.
SALEM, OREGON 97301-4667 PHONE 503-378-5593

NOTE: DEFENDANTS MAY BE ADDED / DELETED UPON LEGAL REVIEW OF CASE.

IV STATEMENT OF CLAIM:

PAGE 1 OF 3

WHILE HOUSED AT CLARK COUNTY JAIL IN AUGUST OF 2010 I FELL, COMING DOWN FOR BREAKFAST, FROM THE UPPER BUNK, CELL G-5.

THERE ARE NO LADDERS OR STEPS IN THE CELLS.

COMING OFF THE UPPER BUNK, I STEPPED ON THE SINK AND THEN ON TO THE TOILET, MY FOOT SLIPPED INTO THE TOILET. I STEPPED ON TO THE FLOOR, SLIPPING, I FELL BACKWARDS AND BOUNCED OFF THE LOWER BUNK EDGE "ANGLE IRON" AND THEN ONTO THE FLOOR.

I REQUESTED MEDICAL ATTENTION THROUGH THE JAILS PROTOCOL, "INMATE COMMUNICATION MEDICAL REQUEST FORM". I EXPLAINED THE ACCIDENT TO THE R.N. ON DUTY. SHE EXAMINED ME, PRESCRIBED THE MEDS. "FLEXALL" AND "IBUPROFEN" FOR 4 DAYS.

AFTER SEVERAL DAYS OF SHOOTING PAINS AND TINGLING AND ALSO NUMBNESS OF MY FEET, AND MY BODY REMAINING IN THIS "CROOKED" POSITION AT MY MID BACK, I REQUESTED THROUGH PROCEDURE MEDICAL ATTENTION AGAIN. THE RN. IN CHARGE AGAIN PRESCRIBED "IBUPROFEN" FOR 4 DAYS. I BROUGHT TO HER ATTENTION AGAIN AND ASKED "WHY IS MY BACK SO CROOKED"? SHE REPLIED "ITS IN SPASM" ORDERED AN "X RAY" WHICH WAS PERFORMED ON THE FLOOR.

THE "XRAY" WAS OF MY "LOWER BACK" ONLY (2 VIEWS), THE DAMAGE IS IN THE MIDDLE OF MY BACK. THE REPORT CAME BACK CLAIMING "DEGENERATIVE - CHANGES." I GRIEVED THE SITUATION ON 9-9-2010/REQUEST NO. 3110. IN BETWEEN THE 15 DAY WAIT I GRIEVED AGAIN, BUT THE JAIL CLAIMS NO RECORD OF THIS. I WAS CALLED TO MEDICAL ON 9-24-10 (SEE GRIEVANCE) AND TRANSPORTED BACK TO OREGON D.O.C. AT SRCI (SNAKE RIVER CORRECTIONAL INSTITUTION) ON 9-27-10.

MEDICAL STAFF AT THE JAIL (CLARK CO.) NOTIFIED THE SRCI MEDICAL STAFF OF THE ACCIDENT. DR. ELLIOTT BLAKSLEY PRESCRIBED VIOLODIN FOR 14 DAYS AND SCHEDULED AN "XRAY" OF MY LOWER "LUMBAR" AREA, AT THEIR "ONTARIO OREGON" FACILITY. I AGAIN INFORMED THEM THE DAMAGE WAS IN MY "MID BACK".

NEVER WAS I ASKED WHAT OR HOW THIS HAPPENED... OR CONFIDED IN, OR OF THE RESULTS. IVE HAD AND STILL HAVE, NUMEROUS BOUTS OF PAIN ATTACKS AND STATED NUMEROUS TIMES, "WHY IS MY BACK SO CROOKED?" (SEE PAGE 20 OF "TORTS" FILED IN BOTH OREGON AND WASHINGTON.)

STATEMENT OF CLAIM - CONT.

PAGE 2 of 3

I ALSO STATED "WHY DO I HAVE THESE "SHOOTING PAINS...TINGLING AND NUMBNESS?" DR. BLACKLEY CONCLUDED THAT MY BACK WAS IN "SPASM" AND SHE ASSIGNED ME TO "PROVIDER" DR. BRISTOL.

FOR 16 MONTHS OF NUMEROUS ATTACKS OF PAIN...AND REMAINING IN THIS "DEFORMED" POSITION, OTHER THAN CHANGES IN MEDICAL PILLS... NOTHING WAS DONE.

ON MARCH 8 2011, I WAS TRANSPORTED TO O.S.P., STILL SEEKING A PERMANENT REMEDY WITH PAIN STILL PERSISTING...AND MY BACK "STUCK" IN THIS "CROOKED" STATE.

DR. DEGNER ORDERED A SET OF "MIDDLE TO UPPER BACK" X-RAYS AFTER EXAMINING MY CONDITION. ON 4-25-2012, A DR. FLEENER DID THESE "X-RAYS" AND PUT THEM ON THE "VIEWING" SCREEN, THIS WAS DONE AT 9:00 A.M.

THE FULL BACK X-RAYS SHOWED THE DAMAGE... DR. FLEENER STATING "THIS ISNT JUST "SCOLIOSIS", OR MILD DISC NARROWING DEGENERATION."

WHEN CALLED TO TALK ABOUT MY CONDITION WITH DR. BECKER ON 5-21-12... THE TWO (2) X-RAYS I'D PREVIOUSLY VIEWED (SHOWING THE CROOKED BACK DAMAGE) HAD BEEN REPLACED WITH 2 VIEWS SHOWING A STRAIGHT SPINE/BACK. CLEARLY THESE WERE NOT THE SAME VIEWS THAT DR. FLEENER AND I VIEWED/REVIEWED EARLIER ON 4-25-12.

WHEN DR. FLEENER AND I VIEWED THE X-RAYS ON 4-25-12... I FINALLY FELT RELIEVED THE TRUE DAMAGE TO MY BACK HAD BEEN "UNCOVERED"... UNFORTUNATELY, I NOW FEEL I'VE BEEN VICTIMIZED BY UNETHICAL MEDICAL PRACTICES... PROLONGED NEGLECT... MALICIOUS NEGLECT OF PROPER MEDICAL EVALUATION, AND DECIET IN PROCEDURE AND TREATMENT. I FEEL THIS STARTED IMMEDIATELY AFTER THE ACCIDENT AND HAS OCCURED UP TO THE PRESENT DAY. I HAVE FILED A GRIEVANCE CONCERNING THESE ISSUES, (GRIEVANCE No. 2012-06-010), INCLUDING DR. DEGNER... DR. FLEENER... AND THE SUPERINTENDANT IN MY COMPLAINT.

I FEEL THIS IS A COVERUP TO CONCEAL NOT ONLY THE TRUE PHYSICAL DAMAGE I RECIEVED, HAVING TO "CLIMB DOWN" FROM AN UPPER BUNK, THAT HAD NO ACTUAL MEANS OF ACCESS, UP OR DOWN, WHICH OF CORSE RESULTED, AND WAS THE SOLE CAUSE OF MY ACCIDENT/INJURY.

AND NOT ONLY IS THIS A COVERUP TO CONCEAL THE AFOREMENTIONED

STATEMENT OF CLAIM... CONT.

PAGE 3 OF 3

.... ISSUES, BUT ONE COULD ONLY COME TO ONE CONCLUSION, THAT ALL ACTIONS OR LACK OF, REVOLVE AROUND THE UNDISPUTABLE FACT THAT THERE WAS NO SAFE ESTABLISHED ACCESS TO AN UPPER BUNK/SLEEPING AREA. BY DENIAL ANY PHYSICAL DAMAGE OCCURED... IT RELEASES "CLARK COUNTY JAIL" FROM THE OBVIOUS~~E~~ LIABILITY IN REGARDS TO UNSAFE CONDITIONS ITS INMATES ARE SUBJECTED TO ... NO HARM... NO FOUL... WELL THIS IS CERTAINLY NOT THE CASE REGARDING THE "HARM" OR THE "FOUL"... AND DENIAL COMPOUNDS THE PAIN

SINCE MY ACCIDENT OTHERS STARTED CALLING ME "SIDEWINDER"... "SIDEWAYS" ETC... OR INQUIRING "WHAT'S WRONG WITH YOUR BACK"... "WERE YOU IN AN AUTO ACCIDENT?" AND MORE.. I HAVE BEEN IN "OFF AND ON" PAIN FOR THE LAST 33 MONTHS. MY BODY IS CROOKED... MY FEET GO NUMB/TINGLE.... AND A BAD BLOW MIGHT "FINISH THE JOB" AND CAUSE PERMANENT PARALYSIS OR FURTHER DAMAGE.

I HAVE ONGOING DETAILED MEDICAL LOGS... GRIEVANCES... AND VARIOUS COMMUNICATIONS/CORRESPONDENCE SINCE DAY ONE. ONLY TO BE "PUSHED ALONG" WITH NO LEGITIMATE COMMITMENT TO FULL/APPROPRIATE CARE. THIS WAS NOT MY FAULT, YET I CONTINUE TO SUFFER THE CONSEQUENCES OF UNSAFE CONDITIONS I WAS SUBJECTED TO... ALONG WITH/FOLLOWED BY, THE PROLONGED DENIAL OF PROPER/ESSENTIAL MEDICAL CARE AND THE CONTINUED PAIN/ANGUISH (MENTAL AN PHYSICAL) THAT HAS ACCOMPANIED IT. NEGLECT OF ACTION COULD ALREADY CAUSED IRREPRABLE DAMAGE. THE MEDICAL ISSUES NEED TO BE INDEPENDENTLY ADDRESSED BY PROFFESIONAL EXPERTS..... THE NEGLECT/SAFE CONDITIONS LIABILITY, NEED TO BE ADDRESSED BY LEGAL PROFFESIONALS, SO AS TO CURTAIL FUTURE ACTIONS/LACK OF, AS WELL AS THE PRESENT SITUATION AND AVAILABLE OPTIONS REGARDING COMPENSATION AND ACCOUNTABILITY THEREOF.

THE EVENTS... ISSUES AND CIRCUMSTANCES REGARDING THIS CLAIM ARE DUE TO THE DIRECT VIOLATIONS OF THE EIGHTH AMENDMENT, WHICH ASSURES AND GUARANTEES ALLOWED RIGHTS OF PERSONS INCARCERATED, TO BE HOUSED IN A SAFE ENVIRONMENT... AND TO RECIEVED LEGITIMATE PROFFESIONAL MEDICAL CARE THRUOUT THEIR INCARCERATION.

RESPECTFULLY, MICHAEL D. SUMMERS JUNE 13, 2013

Michael D Summers

I STATE UNDER PENALTY OF PERJURY THE FOREGOING/INCLOSED IS CORRECT

V. RELIEF:

PAGE 1 OF 1

I MICHAEL D. SUMMERS RESPECTFULLY REQUEST FROM THE COURT, THE FOLLOWING;

APPOINT ME LEGITIMATE LEGAL REPRESENTATION SO AS TO PRESENT THIS CASE BEFORE THE COURT, AND SELECTED JURY OF MY PEERS.

THE PROPER LEGAL PRESENTATION IN A JUDICIAL ARENA, I'M POSITIVE WOULD AWARD ME PROFFESIONAL MEDICAL CARE TO ACCESS ALL OPTIONS AND PROCEDURES AVAILABLE TO EVALUATE/TREAT/CORRECT ALL INJURY I WAS SUBJECTED TO DUE TO THE LACK OF SAFE ACCESS TO SLEEPING AREAS WHILE INCARCERATED.

THIS PROPER MEDICAL EVALUATION WOULD DECIDE THE ACTUAL DAMAGE THIS INJURY HAS CAUSED ME PHYSICALLY, AND WHAT POSSIBLE RAMIFICATIONS THE LACK OF IMMEDIATE/LEGITIMATE MEDICAL CARE HAS CAUSED ME PRESENTLY....AS WELL AS THE FUTURE.

I FEEL I AM RIGHTFULLY DUE FINANCIAL COMPENSATION FOR THE PAIN AND ANGUISH I HAVE BEEN SUBJECTED TO..... NOT ONLY DUE TO THE INJURY ITSELF... BUT ALSO FROM THE MALICIOUS INDIFFERENCE SHOWN/EXPRESSED BY THE MEDICAL PERSONNEL AND OR AGENCY'S RESPONSIBLE FOR THE MEDICAL CARE, OR LACK OF, ASSOCIATED WITH MY INJURY. FINAL DAMAGE AWARDS WOULD BE COMPILED/EVALUATED BY THE EVIDENCE PRESENTED IN REGARDS TO "CLARK CO.'S LIABILITY(AS WELL AS ASSOCIATES THEREOF) REGARDING THE ACCIDENT ITSELF.... AND WHAT CONCLUSIONS THE HONORABLE JUDGE(S) AND/OR JURY ACHIEVE IN THEIR EVALUATION(S) OF WHAT ACTIONS/LACK OF, THE MEDICAL RESPONSE WILL BE ASSOCIATED WITH PAST/PRESENT AND FUTURE PAIN OR MEDICAL COMPLICATIONS, OR PHYSICAL LIMITATIONS SAID ACTION, OR LACK OF, WAS/WILL RESULT FROM SAID ACTIVITY.

I WOULD ALSO RESPECTFULLY REQUEST THAT ANY AND ALL UPPER BUNK... ELEVATED SLEEPING AREAS, WITHIN THIS COURTS JURISDICTION (WASH. & OREGON) TO BE EQUIPTED WITH LEGITIMATE...SAFE ACCESS, SO AS TO ELIMINATE THE POSSIB-
-ILITY THAT OTHERS SHALL GO THRU WHAT I HAVE/AM EXPERIENCING.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING/ENCLOSED IS CORRECT

RESPECTFULLY,

SIGNED THIS DAY OF JUNE 13 2013 BY MICHAEL D. SUMMERS / PLAINTIFF

Michael D. Summers

5



MEDICAL INMATE GRIEVANCE FORM
CLARK COUNTY JAIL

Original

RECEIVED
SEP 13 2010

DATE SEEN: _____

HEALTH CARE REQUEST #: 3110

INMATE NAME: MICHAEL SUMMERS

CFN: 162706

POD: G1-13

ISSUE OF CONCERN: (CIRCLE ONE)

Medical Staff

Medication

Dental Services

Medical Services

Co-Pay

Other: _____

IF YOU ARE UNSATISFIED WITH YOUR MEDICAL CARE, you may grieve your request within seven (7) days after services. Only one (1) complaint per each grievance will be accepted. You must complete each step within the timeframes to prevent rejection of your grievance and to exhaust all administrative remedies. Grievance procedures are as follows:

- You have only 48 hours, from receiving your answers to file your grievance to the next level.
- You must use this original form for each grievance level. Each response will be placed on the form for your review.
- Complete all the information above and below and then submit to your pod officer who will forward it to Medical.
- After receiving the response, if you're not satisfied, you may continue your grievance to the next level.
- Filing to the next grievance level only requires you to check the appropriate box, enter the "Date Submitted", and submit to your Pod Officer who will forward it to the appropriate administrative level.
- You will receive an answer to your grievance from the Medical Staff within seven (7) business days.
- You will receive a written response to your grievance from each administrative level within ten (10) business days.

WHAT IS YOUR GRIEVANCE? - BE SPECIFIC I had AN ACCIDENTAL FALL HERE

MY BACK IS IN PAIN, MY TOES ARE TINGLING AND HAVE SHARP PAIN
down my Leg. I received an X-RAY and a reply stating that
ONLY degenerative signs were found. My body is contorted and
I feel the issue has been treated VAGUELY and would like
to know what is wrong with my back. This is very
depressing.

WHAT RESOLUTION ARE YOU REQUESTING? - BE SPECIFIC

A professional EXAMINATION and A PERMANENT
RESOLUTION, IF this is so minor why is my back
in extreme pain and deformed?

INMATE SIGNATURE: Michael Summers

DATE: 9-9-2010

RECEIVING OFFICER: L

PSN: 375 DATE FORWARDED: 9-9-10

ANSWER TO REQUEST: IM wants to talk to M.D
about his back. Explained the results of x-
to IM but IM wants to know why his
back is still hurting & has tingling sensation down
his R leg. Placed on Dr's list.

MEDICAL STAFF: [Signature]

DATE: 9-24-10

9

TO BE FILLED OUT BY STAFF

GRIEVANCE # 2011.07.097^{8 06}

TO: Summers, Michael D. #4438805
Inmate/Client Name Institution #
FROM: E. Emmert, RN
Staff Member

List, in detail, action(s) taken. (What action was taken? Was the action what the client requested? If not, why? Who took the action? When was the action taken - date/time?)

Mr. Summers,

I have received your grievance and reviewed your medical file. Your radiology report from October 2010 showed mild disc narrowing and hypertrophy, which is not always treated aggressively at first. It was the impression of the radiologist that there was no acute traumatic injury. I understand that this does not mean you are not having pain. I see that you are frustrated, and you feel like you are not being understood by your current provider. I have scheduled you next week for an appointment with Dr. Bristol for a second opinion. I hope that having another provider listen to your concerns and offer treatment will be helpful. Please discuss the concerns that you have with Dr. Bristol at your consultation next week. Be sure to mention your goal of a neurology consult and possibly a new set of x-rays. If you have any other questions or concerns, please feel free to contact me in Health Services. Thank you.

DR BRISTOL IS AND WAS MY CURRENT PROVIDER

8/31/11

Date:

E. Emmert, RN

Signature of Staff Member

Dated 8/31/11

Accementa, W

Signature of Supervisor

Never Received it until 9/13/11

Return to Grievance Investigator

by: _____

Distribution:
Original Grievance Response Form (White)
Client Copy (Pink)
File Copy (Yellow)

51

GRIEVANCE RESPONSE FORM

Grievance #

2012-06-10

TO BE FILLED OUT BY STAFF

TO: Summers, Michael # 4438805

Inmate/Client Name

Institution #

FROM: D. Fleener - Xray Tech

Staff Member

1. List, in detail, action(s) taken. (What action was taken? Was the action what the client requested? If not, why? Who took the action? When was the action taken – date/time?)

Mr. Summers, The xrays that were taken 4/25/12 on your lumbar & thoracic spine were sent to the radiologist for reading.

All the required views were taken and sent. We keep all your xrays in one folder. Dr. Becker had all these xrays in your folder plus the report from the radiologist when he saw you on 5/21/12.

Do Not Type Past This Line

Date:

7-25-12

Signature of Staff Member

Signature of Supervisor



Garry E. Lucas
Sheriff

Clark County Sheriff's Office

Custody Branch

Jackie Batties Chief Jail Administrator
Clark County Sheriff's Department
PO Box 410 - 707 W 13th St.
Vancouver, Washington 98666
E-Mail Jackie.batties@clark.wa.gov
360-397-2471 Fax 360-397-6010

Mr. Summers
January 6, 2011
RE Letter received 1-6-11

Mr. Summers, I received your letter dated 12-26-10 regarding exhausting the administrative process while housed at the Clark County Jail. Your remedies would not be considered exhausted. I find only one grievance that you sent to medical dated 9-9-10. This was answered by medical and returned to you. You were schedule to see the Doctor but you were released from Custody prior to that appointment.

In order, for your remedies can be considered exhausted you have to go through all three levels of the grievance process on a single issue; you were at level one.

I hope this answers your questions.

Sincerely,

Jackie Batties



Garry E. Lucas
Sheriff

Clark County Sheriff's Office

Custody Branch

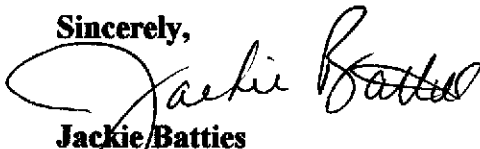
**Jackie Batties Chief Jail Administrator
Clark County Sheriff's Department
PO Box 410 707 W 13th St.
Vancouver, Washington 98666
E-Mail Jackie.batties@clark.wa.gov
360-397-2471 Fax 360-397-6010**

Mr. Summers
2/22/2011
Re Letter received 2-22-11

Mr. Summers

Once an inmate is released from Custody the grievance procedure stop at that time. There is no way for you to continue the process while you are in prison or out of Custody.

Sincerely,


Jackie Batties

JOHN A. KITZHABER, MD
GOVERNOR



October 5, 2012

Michael Summers
SID: 4438805
Oregon State Penitentiary
2605 State Street
Salem, OR 97310

Dear Mr. Summers:

Thank you for contacting me regarding your concerns with an injury you sustained while incarcerated.

I have forwarded your concerns to the appropriate agency for its review. I appreciate the opportunity to assist you and will ensure you get a response either directly from my office or from the agency if appropriate.

Again, thank you for contacting me.

Sincerely,

John A. Kitzhaber, M.D.
Governor

JAK:mhm



Oregon

John A. Kitzhaber, MD, Governor

Department of Corrections

Health Services
2575 Center Street NE
Salem, OR 97301-4667
(503) 378-5593
Fax: (503) 378-5597

August 29, 2012



Michael Summers, SID 4438805
Oregon State Penitentiary
2605 State St.
Salem, OR 97310

RE: Grievance Appeal OSP 2012-06-010A

Dear Mr. Summers:

This letter is written to you in answer to the grievance referenced above concerning your back x-rays.

You state your x-rays were not placed in your file and the x-rays that are in your file are not yours.

As Ms. Fleener addressed in your original grievance response, your x-rays are on file and a report was received from the radiologist that read your x-ray. Upon review of your concerns, it is found that no wrong doing has occurred and there is no reason to believe the x-rays in your file are not yours.

In your appeal you are requesting monetary compensation. The DOC Rule on Grievances (Inmate), 291-109, does not allow for financial compensation as resolution to grievance issues. Financial compensation issues are handled through the tort claim process.

Health Services is committed to providing care that is respectful, compassionate, objective and non-judgmental. Please continue to work with the health care staff regarding your medical needs.

Sincerely,

S. Shelton, M.D.
Medical Director

Cc: J. Hanson, Grievance Coordinator, OSP
C. Coffey, Health Services Manager, OSP
File

Michael D. Summers
Washington State Penitentiary
313 N. 13th Avenue
ALLA WALLA, WASHINGTON 99362

CLERK, U.S. District Court
1717 Pacific Avenue, Room 3100
TACOMA, WASHINGTON, 98402

THIS WAS REOPENED BY AN INMATE CONFINED AT
C
BE CENSORED. IF IT IS COMMENTS MAY



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